

tempore's father, who served not only Rhode Island, but our entire country so well for so many years. We were not successful then, but I learned some valuable lessons about the legislative process, the importance of bipartisan cooperation, and the wisdom of taking small steps to get a big job done.

The Clinton-Gore administration took such steps, and with the help of both Democrats and Republicans we made progress: the Kassebaum-Kennedy Health Insurance Portability and Protection Act, the Family and Medical Leave Act, the Children's Health Insurance Program, the help we gave to young people leaving the foster care system under the Chafee bill—to give them eligibility for Medicaid health coverage through their 21st birthday, ending drive-by deliveries, mental health parity, helping to prevent breast cancer by waiving cost sharing for mammography services in the Medicare program—and providing annual screening for beneficiaries age 40 and older, advances in federally funded medical research, and the human genome project.

Even with such progress, however, there are still 40 million Americans who are uninsured. Adults with health insurance are three times more likely to receive care when they need it. People with no health insurance are 50 to 70 percent more likely to be hospitalized for routine illnesses such as pneumonia. Children with no health insurance are twice as likely to be hospitalized for illnesses such as asthma and ear infections. Americans without health insurance are 4 times more likely to seek care in emergency rooms.

It has only been 3 months since my election and 6 weeks since I was sworn in, but already I have received hundreds of letters from New Yorkers urging me to help them, their families, and their neighbors get the care and coverage they need. One such letter is from Kevin Pispisa, a Boy Scout from Troop 207 in North Babylon, whose parents are nurses. Kevin wrote to me:

It seems that the poor working class do not have the means to receive adequate health care. Some of them cannot afford to go to the doctor or pay for medication that they need.

Elsie Doetsch from Binghamton wrote to tell me about her friends who are dairy farmers. She is concerned about them because, as she writes in her letter to me:

They work every day to help put the food we eat and enjoy on our tables, yet cannot afford the "luxury" of health insurance, which I feel is a necessity for anyone in their hazardous occupation.

These letters serve as an important reminder to us all as we think about President Bush's tax cut plans and as we deliberate over the shape of our new budget. We must not forget to invest in the people we represent. We must help them find affordable quality health

care. Health insurance should not be a luxury; it should be a fact of life for Americans everywhere.

Let me be specific. We should expand the Children's Health Insurance Program. If we change the poverty threshold to include children and families with annual incomes up to 300 percent of the national poverty level and extend the program to parents of eligible children, we can provide health care to more than 5 million parents and nearly 2 million more children. Merely expanding CHIP, however, is not enough. We need to do more to encourage the enrollment of the 7 million children who are eligible for CHIP, or Medicaid.

I am very pleased that in New York, CHIP outreach efforts include radio PSAs in a number of languages, from Greek to Russian to Albanian to Creole to Chinese. We should provide a financial bonus to States that meet CHIP enrollment targets and reduce the CHIP-enhanced matching rate for States that fail to do so.

There are other creative ideas to provide greater access to health care for all Americans. As we consider them, I believe we should adhere to certain principles. First, we must develop policies that cover more uninsured Americans without encouraging businesses to drop or reduce their employees' health benefits. Second, we should make improvements to our health care system without setting up burdensome new Federal or State bureaucracies. Third, we should not penalize States such as New York that have been leaders in expanding coverage. Fourth, we should encourage flexibility for States to expand coverage while enacting strong accountability provisions so that taxpayer dollars are effectively invested.

As we work to expand health care coverage, we must also work to improve the quality of coverage. That is why it is past time to pass a meaningful Patients' Bill of Rights, and I am very pleased to be a cosponsor of the McCain-Edwards-Kennedy Patient Protection Act of 2001.

President Bush recently set out his principles for a Patients' Bill of Rights, and this legislation meets every one of them with only one exception: The President wants to preempt State laws that allow people to seek relief in State courts when they are injured by bad HMO decisions. That objection should not stand in the way of progress. I believe President Bush can transform the rhetoric of leadership into the reality of accomplishment by embracing this bipartisan patient protection act. Across this aisle and across our country, Democrats and Republicans are joined together in support of this Patients' Bill of Rights. Say the word, President Bush, and we can make this bill a law.

I appreciate the opportunity to speak today, and I look forward to working with my colleagues on improving the

health of our Nation in the context of a budget that is balanced and prudent.

I would also like to take this occasion to pay special thanks to my predecessor, Senator Daniel Patrick Moynihan, whose legacy of service to New York and our Nation is unparalleled and who has always been a source of inspiration, not only to me and my colleagues but to people literally around our world.

Finally, I am so grateful to the people of New York who have given me this extraordinary opportunity to serve them. Over the course of the next 6 years, I will work hard each and every day to listen to their concerns and to fight for their futures.

I thank the Chair and yield the floor.
The PRESIDING OFFICER. The Senator from New Mexico.

SENATOR CLINTON'S MAIDEN SPEECH

Mr. BINGAMAN. Mr. President, I congratulate the Senator from New York on her first official speech here in the Senate. I particularly appreciate her focus on health care, a subject about which she knows a tremendous amount. Of course, she will make a great contribution in the Senate.

THE TAX CUT

Mr. BINGAMAN. Mr. President, I want to take a few moments to talk about the proposed tax cut that is, of course, the main focus of a lot of our attention in the Congress since the President sent us the tax cut proposal this last week, and give some thoughts as to my perspective on it at this point. I am sure that perspective will evolve as we get closer to actual consideration of the bill on the Senate floor. But I wanted to talk about how I see it at this point.

I think there are four obvious questions we need to ask about this tax cut proposal. First, should we have a tax cut? That may be the easiest question for all of us, but it is a legitimate question. Second, is the President's proposal the right size of tax cut in total, his \$1.6 trillion proposal? Third, is it structured appropriately in order to accomplish what we want to accomplish for our economy? The fourth obvious question is, does the President's proposal constitute a fair distribution of the benefits from this proposed tax cut?

Let me take a few minutes to deal with each of these. First of all, should we have a tax cut at this point in our Nation's history? To me, the answer is clearly yes. We can afford to have a tax cut because we are now projecting substantial surpluses, whereas most of the time I have served in the Senate, we have been dealing with deficits, not with surpluses. But we now have a surplus and a projected surplus; therefore, we can afford a tax cut.